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*A. Santini*  
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PATENT TRADEMARK OFFICE

Docket No: 4305/1H520US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Nanna Kristensen SONI *et al.*

Serial No.: 09/925,635

Art Unit: 1648

Confirmation No.: 2913

Filed: August 9, 2001

Examiner: Shanon A. FOLEY

For: NOVEL PARENTERAL VACCINE FORMULATIONS AND USES THEREOF

RESPONSE TO RESTRICTION REQUIREMENT  
UNDER 37 C.F.R. § 1.142 and § 1.143

Hon. Commissioner of Patents and Trademarks  
Washington, DC 20231

S I R:

In response to the Official Action mailed by the U.S. Patent and Trademark Office on December 18, 2003 for this application and in accordance with Rules 142 and 143 of the Rules of Practice, please enter and consider the following remarks. Applicants also submit a Petition for Extension of Time concurrently herewith, requesting that the deadline for responding to the Official Action be extended for a period of two months (i.e., from January 18, 2003 up to and including March 18, 2003) accompanied by the appropriate Extension fee. It is believed that no additional fees are required for these



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PTO/SB/HQ (01-03)

Approved for use through 04/30/2003. OMB 0602-00032

MAR 25 2003

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	09/925,635
		Filing Date	August 9, 2001
		First Named Inventor	Nanna Kristensen SONI
		Examiner Name	Shanon A. Foley
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Group Art Unit	1648	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 410.00	Attorney Docket No.	4305/1H520US1

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																							
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The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																									
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Samuel S. Woodley, Ph.D.	Registration No. (Attorney/Agent)	43,287
Signature	Samuel S. Woodley	Telephone	(212) 527-7610
		Date	March 17, 2003

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